The Effects of Touch in the Psychotherapeutic Relationship. Should Physical Contact be Used in Therapy?

Submitted in partial fulfillment of the requirements of the Higher Diploma in Counselling and Psychotherapy

Supervisor: Mary Bartley

May 2015

Department of Counselling and Psychotherapy

DBS School of Arts

Dublin
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Acknowledgments

I would like to thank my Supervisor Mary Bartley and Lecturer Dr. Grainne Donohue for their help and guidance throughout the past few Months. Your assistance was very much appreciated.

I would also like to express gratitude to my Parents, Brothers, Sister and Niece for their constant support throughout the past two years.

And Thanks to my friends and classmates for their support and advice.
Abstract:

Touch can be used as a form of communication. Especially in an intense situation such as therapy, touch can have a profound effect on the course of treatment. The significance of touch will differ depending on each individual. Physical contact between the Therapist and client is often debated among the different disciplines in psychotherapy and psychodynamic therapy. While Humanistic and Body Psychotherapy view touch as necessary and effective in the treatment of the client, Psychodynamic therapy opposes the idea of using touch. Psychoanalytic theory suggests that touch will hinder the client’s development and interfere with transference (Phelan, 2009, Wernicke, 2011). This dissertation aims to review the research regarding these opposing opinions and to look at the possible effects of using touch in the therapeutic space.
Chapter One: Introduction:

Physical contact in the therapeutic setting is a topic which is often debated among Therapists. The opinion of touch in therapy differs depending on the discipline. Many therapies use touch to aid the client’s development. Warnecke (2011) suggests that every touch evokes a bodily and emotional response from the other. When we touch the skin it stirs the depths, it provokes abreacts in the client (Warneke, 2011). However Psychodynamic therapies see touch as being damaging to the transference and free association within therapy. When considering the use of touch in therapy there are many topics which need to be considered including boundaries, sexualisation of touch, effects and significance of the touch for therapist and client.

Touch is often seen as a taboo in Therapeutic work. In Freud’s early work he used touch with his patients as part of their treatment. He would massage their necks and head to aid emotional expression (Phelan, 2009). Freud eventually began to move away from the practice of touching. This was perhaps due to his desire to receive scientific recognition for his work in Psychoanalysis. At the time Freud and Ferenczi were the two main Theorists regarding psychoanalytic technique (Hoffer, 1991). They disagreed on certain aspects of the psychoanalytic approach. Specifically the definition of countertransference and the nature of the relationship between the patient and Therapist.

Freud disagreed with the use of touch in Psychoanalysis. He proposed that “abstinence” was a fundamental principle in the psychoanalytic technique. Abstinence involved denying the patient their desire. If they craved love he should deny them this satisfaction. He states that it is essential that the patient’s needs and desires are allowed to persist. This will push the patient to work and change. (Freud, 1915, as cited in Ruderman, 2000).
“We must beware of appeasing those forces by means of surrogates…the patient’s condition is such that until her repressions are removed, she is incapable of getting real satisfaction.” (Freud, 1915, as cited in Ruderman, 2000).

Freud hypothesized that by giving in to the patient’s desire, the analyst is gratifying the patient’s infantile sexual longings. The patient is thus fixated at an infantile level (Fosshage, 2000). Touch interferes with the patient’s ability to free associate. Ferenczi challenged Freud’s idea of abstinence. He questioned whether this would prove harmful in the therapeutic setting by repeating the original trauma of the patient (Hoffer, 1991). Ferenczi continued to use touch when treating his patients (Phelan, 2009).

Similar to Freud, Lacan suggested that the Therapist should play the part of the unresponsive dummy in order to bring the patient’s unconscious material into the therapy (2006, p.357/p.430). Winnicott emphasized the idea that physical contact is not necessary to provide a holding environment. He stated that understanding through verbal interpretations can create a deeper sense of holding (Rodman, 2003).

Freud’s prohibition of touch in the therapeutic space had an effect on various schools of Psychotherapy (Fosshage, 2000). The fear of having poor boundaries or of the touch being misinterpreted often leads the Therapist to avoid physical contact in the therapeutic relationship. Touch can often be misunderstood and seen as sexual. However, this can also happen with tone of voice and body language. The emergence of empirical evidence on the meanings and functions of touch is forcing the issue of touch in therapy to be readdressed (Fosshage, 2000). It is important for the application or avoidance of touch to be discussed. The use of touch has been found to facilitate treatment and give the client a more positive view of the Therapist (Kupfermann & Smaldino, 1987, Goodman & Teicher, 1988).
Many Psychotherapists use touch as a method of deepening the relationship with the client and exploring the transference. They view touch as having the potential to help heal the client. Touch can be used to promote physical contact as a healthy component of relationships outside the therapeutic space (Harrison, Jones & Huws, 2012). The Gestalt approach practices the use of physical contact as a natural part of the therapy. They use touch as a method of bringing repressed feelings into consciousness (Mintz, 1969). The use of touch is typically reported in cases involving deeply regressed patients (Fosshage, 2000). Mintz (1969) proposes that touch can be used with the healthy neurotic during periods of regression when communication is unavailable. In cases like this, touch has been shown to facilitate the development of the client’s treatment (Kupferman & Smaldino, 1987).

The Alexander technique is a psycho-physical technique involving touch. This is taught on a one to one basis. This method aims to re-educate body use in the therapeutic setting (Gelb as cited in Jones & Glover, 2014). This process uses gentle touch as opposed to manipulative touch. It involves learning about harmful tension in the body and mindfulness. A study by Jones and Glover (2014) interviewed clients who received the Alexander training. When learning about the technique, the interviewees stated that touch felt superior to discourse (Jones & Glover, 2014). This technique has been found to have many benefits including reduced anxiety and increased awareness. The dynamics which evolve from the Alexander technique are reminiscent of early parent-infant attachment (Jones & Glover, 2014).

Touch is used as a primary therapeutic tool in Body Psychotherapy. The works of Peter Levine and Babette Rothschild have shown how traumas can be healed through body sensation. Rothschild (2000) argues that psychological tensions and traumas manifest in the body. Body sensations enable the client to develop instinctual resources to heal the trauma (Levine, 1997).
“Until we understand that traumatic symptoms are physiological as well as psychological, we will be woefully inadequate in our attempts to heal them” (Levine, 1997).

Body Psychotherapists use physical contact as a primary intervention in therapy. Research has shown that touch can stimulate positive hormonal changes (Jones & Glover, 2014). Body Psychotherapists see touch as having many benefits for the client. It is used as a form of bringing repressed feelings into consciousness and engaging defense mechanisms (Mintz, 1969, Warnecke, 2011).

This dissertation aims to explore the effects which physical contact can have on the therapeutic relationship. The various theories and research around the use of touch in therapy will also be discussed. Chapter one looks at the differing opinions of the use of physical contact in the therapeutic setting. It discusses the opinions of Psychodynamic therapies and also Humanistic therapies. Chapter two focuses on the possible effects of initiating touch in therapy and also of withholding touch from the client. The types of touch which can be used are outlined. There are many considerations which must be acknowledged before a Therapist decides to introduce physical contact to the therapy. These considerations are also discussed in chapter two. Chapter three is the conclusion to the dissertation. It will discuss the contrasting research regarding physical contact in the therapeutic setting.
Chapter Two: Touch in therapy:

Does it Cause Suppression or Expression of the Unconscious?

The fact that touch occurs in many therapies makes the debate around its effectiveness appropriate. While some clinicians see the use of touch as imperative for treatment other Analysts see it as the ‘classical rule’ that touch should not be used in the therapeutic setting. The attitude toward physical contact in therapy often depends on the orientation of the Therapist. Each discipline will hold an opinion on the subject. For instance, Humanistic, Body Psychotherapy and Gestalt are among the therapies that would be more inclined to use touch within the therapeutic space. They believe touch can be beneficial to the therapeutic process and act as a unique form of communication. When touch is used in therapy it provides an abundance of material to work with. The impulse and desire to touch, the client’s phantasy of what the therapist feels and also the feelings evoked in the client can be analysed and related to past experiences (Toronto, 2001). Psychodynamic therapies are against the idea of using touch. Touch is seen as a form of avoidance which will only suppress unconscious material.

Since the beginnings of psychoanalysis there has been controversy and debates about the use of touch in analysis. Psychoanalysis posits the idea that the Analyst must present like a blank screen for the patient to project onto thereby resolving the transference neurosis. The Analyst must remain impersonal, non-judgmental and objective to the patient (Smith et al., 1998). Touch would be seen as contaminating the transference. (Kupfermann & Smaldino, 1987). Ruderman (2000) states that the need for touch is related more with infantile struggles and childhood relational themes as opposed to libidinal issues. Physical contact could interfere with the transference by fulfilling infantile desires which need to be analysed (Smith et al, 1998).
Psychoanalysis suggests that physical contact between the Analyst and the patient will act as an avoidance. Challenging dynamics can be avoided by using touch as a way out. The touch is used to escape the uncomfortable feelings. The use of touch will prevent repressed unconscious material from surfacing (Wernicke, 2011). A Psychodynamic approach proposes that if the client’s desire is to be touched then perhaps denying this desire and facilitating necessary disappointment could be beneficial to the client (Asheri, 2009 as cited in Wernicke, 2011). This step could prove to be effective providing the client with the chance to acknowledge and work with challenging dynamics. Gutheil and Gabbard (1993) propose that if a client initiates physical contact the Therapist should discourage this.

An article by Casement (1982) reviews a case study in which the dilemma of physical touch in the therapeutic setting is explored. While the Analyst did not use physical touch, it is discovered that discussing the possibility of touch had an effect on the treatment and transference. Wernicke (2011) similarly proposes that the possibility of touch could deepen and strengthen the therapeutic work whether we touch or not. The Analyst believed that if he had touched the patient it would only have served as an avoidance. This would result in the Analyst becoming a “Collapsed Analyst” or useless (Casement, 1982). The author suggests that if the classical rule of no touching had been adhered to without discussion the sessions would not have been as therapeutically effective. Casement (1982) states that the case study is proof that no physical contact should be used in analysis. If physical contact had been used, the central trauma of the patient would have remained frozen. By refusing physical contact the patient was able to experience and deal with the original trauma within the therapeutic setting. (Casement, 1982) It is also argued by some disciplines that physical touch is not necessary for a holding environment
and that the meeting of minds can have the same effect as touch (Fuchs, 1975, Slochower, 1996 as cited in Phelan 2009).

One argument for the use of touch in therapy reasons that some traumas and experiences occur at a stage in childhood before the development of language (Toronto, 2001). This stage in life which is experienced solely through the senses is increasingly recognized by Therapists. This stage of life is one that must be nurtured and made conscious in the therapeutic setting.

“Physical touch, then, may provide a unique kind of learning and indeed a route to the unconscious that is difficult to achieve through verbal means” (Toronto, 2001).

Contrary to the Psychodynamic view, touch could be used as a form of communication in therapy. It could allow the surfacing of unconscious material which was developed before the acquisition of language.

The physical contact between mother and infant is fundamental for the child’s development of self. Erikson (1950, as cited in Kupfermann & Smaldino, 1987) acknowledges the importance of touch in the libidinizing of the child’s development of body image, self-love and object love. In therapy the practice of touch could be useful in helping the client repair a sense of self and trust in object relations (Kupfermann & Smaldino, 1987). Harlow’s (1958) experiment with rhesus monkeys showed the importance of the physical contact between the mother and child in the development of the sense of self (as cited in Kupfermann & Smaldino, 1987). This experiment supports the theory that if the ego does not experience certain body sensations the ego will not develop in that area and the child will suffer an ego deficit (Smith, Clance & Imes, 1998, p. 6).

It is often considered that the analytic rule of no touching interferes with clinical judgment and impedes human relatedness (Zur, 2011). The argument for the use of physical contact in therapy
suggests that for certain clients it may be effective and in some cases even necessary. Toronto (2001) stated that the physical intervention in therapy intensified the transference. Touch in therapy can strengthen the therapeutic alliance. In some studies clients stated that the Therapist’s ability to use touch was an indication of their emotional availability (Zur, 2011). It might also have the ability to aid the sense of connection and trust among the Therapist and client. While it can be seen and experienced as a tool for showing empathy, for creating a holding environment or nurturing, it is also important that if touch is used in the therapeutic environment it is carried out based on the individual needs of each client. The Therapist must only use the act of physical touch when they have a strong understanding of the individual’s background, culture and needs. The client’s interpretation of the use of touch will ultimately be subjective to their own personal history (Phelan, 2009). For example a person who has been physically abused could see it as threatening while a person who was neglected could see it as nurturing. These different perceptions can have a great impact on the client’s transference. It is therefore crucial that the Therapist is aware of the client’s history and that the physical contact be initiated by the client.
Chapter Three: When should physical contact be used in therapy? What are the effects?

For the purpose of this dissertation touch refers to physical contact which is initiated by the Therapist. Therapists that use touch as an intervention in therapy often do so as a way of forming a connection with the client. The types of touch they use are strategic and intentional. Zur (2011) lists different types of touch which might be used in therapy including smaller gestures such as a handshake or high five. The consolation touch is listed as an important method for showing support and providing comfort. Consoling the client by holding their hand or hugging can show empathy and reliability. This act could prove cathartic for the client.

Physical contact can be used as a mode of reassurance or acceptance. Patients who are self-loathing can often project these feelings of disgust onto the Therapist. Touch can then be useful in meeting them at a physical level instead of emotional (Mintz, 1969). Touch could symbolize reassurance, allowing the client to feel they can share and will not be judged. The therapeutic relationship is often compared to a relationship between a child and parent (Mintz, 1969). This relationship in the therapeutic setting can be beneficial as the client can work through childhood conflicts. Touch in this case can be used as symbolic mothering when the client is unable to communicate verbally (Mintz, 1969).

Touch is a useful technique for grounding or reorienting (Zur, 2007). Touching the client’s hand for example can help the client to become more aware of their body. Also touching and feeling different fabrics and textures such as the chair or their clothes can be used as a grounding technique. It often occurs that a client is very much preoccupied with their inner world; touch can be used as a way of bringing the client to the present moment and helping the client distinguish between their inner world and reality.
In some cases instructional or modeling touch can be used to teach clients how to react to touch or how to carry out different types of touch. Zur (2011) gives the example of the family Therapist showing the parent how to hold the client who is having a tantrum.

The question of “when?” to use touch in therapy highlights many considerations which a therapist must think about when introducing touch into the therapy. It also highlights the effects which this intervention might have upon the therapy if it is used. Caldwell (2002, as cited in Phelan, 2009) suggests that a Therapist needs to know not only when to use touch but also how frequently and in what manner.

While the perceptions of touch can be associated with healing and nurture, it can alternatively be associated with desire and sexuality (Wernicke, 2011). A big fear for therapists is that using touch could lead to sexual contact or this misinterpretation by the client (Phelan, 2009). A simple touch can be thought to be meaningless by one; however, it can have a very powerful effect on another. It can aid the development of transference and the use of projection and symbolism in therapy (Wernicke, 2011). This intervention can provide a unique channel of communication between the therapist and client (Toronto, 2001). Perceptions of touch rely significantly on the individual’s personal history of physical contact. The Analyst must understand that in the therapeutic setting the request for physical contact can symbolize the transference-countertransference interplay (Wernicke, 2011).

Because the use of physical contact in therapy can have such a powerful effect, it is important that the Therapist considers certain variables before initiating the contact. The client’s history will have a great influence on how touch will be perceived. It is therefore vital that the therapist has a good knowledge of the client’s background and discusses the possibility of touch with the
client beforehand. Gender will also have to be taken into account. Depending on the sex of the client, there is a chance that any physical contact can be misinterpreted as sexual. The therapist must also consider the culture of the client and understand how the touch could be interpreted and if it is appropriate. Diagnosis is another variable which should be taken into account as well as the client’s mental state. The therapeutic setting is also significant as in some cases it might be inappropriate (e.g. Prison, office). The Therapist must also be responsible for taking his/her own attitude towards touch into account. As we look at these different variables which would have an impact on the effectiveness of touch in therapy, it is clear that for each client the outcome will be different. Each individual has their own background and beliefs. For one person the use of touch could help move the treatment along and aid in strengthening the therapeutic alliance. However, for another individual the use of touch could be seen as a threat or a violation and could damage the course of treatment. The careful consideration of the individual’s needs and boundaries is essential in the therapeutic setting. Physical contact should only be used if it is determined that it will help the client in some way. It is also an efficient way to provide containment. Caldwell (2002, as cited in Phelan, 2009) suggests that Therapists who use touch in therapy should undergo training in this area to ensure the appropriate use of touch with clients.

An article written by Alyn (1988) highlights the importance of awareness when using physical contact in the therapeutic relationship. Willison and Masson (1986, as cited in Alyn, 1988) suggest there are power implications associated with touch, particularly when there is a gender difference between client and Therapist. In this situation, the relationship can be associated with power dynamics within the client’s culture (Alyn, 1988). If a client does not want to be touched, physical contact initiated by the therapist can be damaging. Touch could be perceived as devaluing or controlling. Touch would then ultimately affect the therapeutic relationship and also
the client’s development. Alyn (1988) considers the effect touch could have on a female client. The boundaries of the relationship could become undefined. Touch could be perceived as sexual, reflecting “the routine violation of women’s boundaries that occur in sexualizing experiences” (Alyn, 1988).

In many cases Therapists believe that touch can be a necessary tool for interacting with a client. For instance, it is often used in work with trauma patients (Wernicke, 2011, Ogden, 2000). Traumatic memories are stored in our sensorimotor system as images and sensations (Ogden, 2000). Ogden’s Sensorimotor Psychotherapy is based on the concept of using the body as the primary source for helping the client to process traumatic memories. It is believed that by focusing on bodily sensations this will in turn facilitate cognitive and emotional processing. Although not all somatic Psychotherapies use touch it does highlight the importance of the body and sensation in the psychotherapeutic process. Touch is therefore very valuable when working with these traumatic memories which are experienced through the body. Again, the decision to initiate physical contact will rely on the individual’s needs.

With the possibility that touch could be perceived as erotic by the patient, Richards (1997, as cited in Toronto, 2001) suggests that it should not be used at all. He proposes that unless a guideline of what will be perceived as erotic can be created then it is better to not use physical interventions at all. It is difficult to define what will be considered as erotic touch. Some Therapists suggest boundaries regarding the area touched (e.g., hand, leg) could prevent any misinterpretation (Zur, 2007, Zur, 2011). However, the interpretation is often dependent on the perceived intention behind the touch. The interpretation of touch as being sexual can often result from certain cultures. For instance a large portion of American culture tends to “infantilise or sexualise physical contact” (Zur, 2007). Freudian Psychoanalysts believe that all touch is related
to sexuality as the sexual drive is the motivating force behind physical contact (Gutheil & Gabbard, 1993, Zur, 2011). Although touch can often be associated with sexuality this should not prohibit therapists from using touch altogether. Zur (2011) proposes that physical interventions should be reevaluated but not forbidden. He believes that banning touch altogether would be denying the client a tool which could be healing and effective in therapy.

Touch will often evoke some sort of bodily reaction from the other. Somatic transference can occur between the Therapist and client through non-verbal communication allowing them to feel a sort of ‘relatedness’ (Wernicke, 2011).

“Kinesthetic and limbic resonance enable us to co-experience and assess the intentions and actions of others and form the basis for interpersonal phenomena such as empathy, resonance, bodily synchronicity and transference” (Wernicke, 2011).

The psychoanalytic approach in which the Therapist acts as a blank screen for the client has been criticized by many Therapists. Mintz (1969) questions whether the avoidance of touch would hinder the development of transference or present as a rejection towards the patient. Wernicke (2011) suggests that the idea of the Therapist being a blank screen for the client to project onto can only be a myth. The engagement in the therapeutic setting has an effect on both the client and the Therapist. The Therapist has an effect on the client creating transference and the client will have an effect on the Therapist, creating a countertransference. This countertransference is often referred to as the outcome of the Therapist’s own unresolved conflicts (Wernicke, 2011). However, it presents as a useful tool in helping the Therapist decipher the client’s transference. The transference and counter-transference can emerge in bodily phenomena which can often indicate hidden conflicts or relational issues (Wernicke, 2011).
Chapter Four: Discussion

The earliest form of communication occurs between the mother and child in the form of touch. When exploring material from the client’s childhood, Toronto (2001) suggests that touch could in fact be a route to the unconscious. Especially in relation to events which might have happened before the acquisition of language. Should touch then be revised and considered as a useful tool in psychoanalysis? Zur (2011) raises an important point by saying that touch should be reconsidered but not forbidden.

The study by Casement (1982) showed how touch was not necessary for the development of the therapy. The mere hope and suggestion of physical contact was enough to encourage the client. Which also raises the question of whether touch is necessary? Warnecke (2011) proposes that frustrating the client’s wish or demand to be touched can lead to important steps of development in the therapy. While psychoanalytic theory suggests that touch could interfere with the transference, Mintz (1973, as cited in Kupfermann & Smaldino, 1987) questions whether the transference would in fact be contaminated if touch is withheld. If the practice of touch seems natural, its avoidance could be damaging. The psychoanalytic view of touch suggests it would block the expression of feelings. However, Mintz (1969) argues that avoiding touch could imitate the physical rejection of a parental figure that the client experienced as a child. Fuchs (1975, as cited in Kupfermann et al, 1987) proposes that this avoidance of touch could repeat the situation in which the neurosis was developed in the first place. Kupfermann et al, (1987) also states that touch has not been shown to hinder the treatment process.

The article written by Alyn (1988) discusses an important issue which can be a consequence of touch. Power dynamics within the therapeutic relationship can be damaging to the client.
Unwanted physical contact can affect the client’s self-esteem and be perceived as controlling or discouraging. There are many risks involved with the use of touch. For this reason it is essential that the Therapist is aware of the possible implications touch will have on their client. When power dynamics are a possible outcome of touch, Alyn (1988) suggests that the Therapist refrains from physical contact and questions whether it is ever needed in the therapeutic space. It could be argued that in some cases the perception of power dynamics could be a habitual pattern in the client’s life and therefore a significant theme to work with in therapy. The power dynamic stemming from touch could then be beneficial to the client’s development.

There are risks when using touch as an intervention in therapy. Touch in the therapeutic setting can reinforce power dynamics between the Therapist and the client. If the touch is unwanted it can lead to feelings of violation or loss of control. Touch might also reduce the client’s sense of personal responsibility which could affect the progression of personal development (Howard, 1995 as cited in Joshi, Almeida & Shete, 2010). Physical contact can often be misinterpreted. However, tone of voice and gestures have the same potential to be misunderstood.

When physical contact is wanted it can lead to a sense of comfort. The client might see the Therapist as empathic and reliable. This can enhance the therapeutic bond. Touch can be used as a form of communication. Physical contact can portray acceptance and reassurance to the client. Touch might also facilitate catharsis of emotion and aid the verbalization of feelings (Joshi et al, 2010, Goodman & Teicher, 1988).

The research surrounding physical contact in the therapeutic relationship is varied and contrasting. However, whether touch is used in therapy or not it is clear that either way the Therapist must acknowledge the possible implications. There are many considerations involved
when deciding to use physical contact as an intervention. It may be in the client’s best interest to discuss the possibility of physical contact regardless of whether it is used or not. Talking about touch could aid the client’s development. As we have seen in Casement’s (1982) study, the suggestion and hope for physical contact can be enough to affect the therapeutic process. The Therapist’s countertransference is also a vital part of the therapy which must be explored (Toronto, 2001). The effect or the view of touch in the therapeutic relationship can tell us more about the dynamics within the therapy and also about the countertransference. Mintz (1969) acknowledges the importance for Therapists to check themselves and identify their feelings toward their client. The use or avoidance of physical contact should be discussed with the client. The impulse to touch and the feelings of both the client and therapist can be analysed and related to the client’s life patterns (Toronto, 2001). When touch is recognised as a form of communication the analyst will be more able to understand their client’s need and desire for physical contact (Fosshage, 2000).

Kupfermann et al (1987) highlights the dangers of conformity for the Therapist. If the Therapist is to adhere to strict theory and tradition it could have a negative effect on the therapy (Thompson, 1958, as cited in Kupfermann et al, 1987). The decision to use physical contact relies on the Therapist’s own feelings towards touch in the therapeutic setting. Touch should not be forced or it could appear artificial or uncomfortable for the client. The effects of touch will ultimately depend on the individual. The type of touch used by a Therapist can have a considerable effect on the client. The perception of touch will be different for each client. Studies have shown the client’s perception of touch is based on the perceived congruency of the Therapist and the client’s feelings of control over the touch (Horton, 1995, as cited in Phelan, 2009).
Fuchs (as cited in Smith et al, 1998) recognizes the importance of individual differences in patients and the need for the therapist to be aware and understanding of the patient. Research has shown how touch can be damaging to some clients and how avoidance of touch can be damaging to others (Kupfermann & Smaldino, 1987, Alyn, 1988). To one client a touch on the hand could be perceived as comforting while to another it could be seen as an invasion of personal space. It is therefore crucial that the therapist knows when and how to touch appropriately. The meaning of the touch should also be considered before applying or withholding the touch (Smith et al, 1998).

In conclusion, after reading the various opinions regarding physical contact in therapy it is evident that both sides have clear and logical arguments. Whether the Therapist condemns or supports the use of touch, they do so for the benefit of their client. While both sides of the argument consider the damage touch/avoidance of touch can have on the client, they also acknowledge the benefit of discussing the topic with their client (Warnecke, 2011, Casement, 1982). It has been mentioned that physical contact should not be forced in the therapeutic setting. This could cause the client to feel uncomfortable or to view the Therapist as incongruent. In the therapeutic space a simple touch can have a profound effect. From the research gathered around this topic, a point which has been repeated and which is crucial for the therapeutic relationship is the Therapist’s awareness. This awareness relates to the Therapist’s ability to consider the client’s history and development before initiating any physical contact. This awareness also involves the Therapist’s acknowledgement of their countertransference. If touch is not used in the therapy due to principle or due to the situation, it should also be a subject of discourse with the client as it might aid development (Casement, 1982).
References:


